

=62-042180

AMENDED

231

FILED NOV 21 1962

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Mo.		c. CITY OR TOWN Washington	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp.		d. STREET ADDRESS (If outside, give location) 601 W. 7th St.	
3. NAME OF DECEASED (Type or print) First Adela Middle Dorothea Last Klingsick		4. DATE OF DEATH Month Nov. Day 14 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-25-1895
9. AGE (last birthday) 67		10. IF UNDER 1 YEAR Months 4 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home Making	
11. BIRTHPLACE (City and state or country) Casco Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Dierking		13b. MOTHER'S MAIDEN NAME Anna Fetchler	
14. NAME OF HUSBAND OR WIFE Fred J. Klingsick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mr. Fred J. Klingsick Address Washington Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cholecystitis. DUE TO (c) Overindulgence, general. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Hypertension, M.C.D. Arteriosclerosis, generalized, Moderate.		INTERVAL BETWEEN ONSET AND DEATH 5 hrs.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from 10/11/62 to 11/14/62 and last saw her alive on 11/14/62 Death occurred at 4:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Michael S. Hefner, M.D.		22b. ADDRESS Washington, Mo	
22c. DATE SIGNED 11/15/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11-17-1962		23c. NAME OF CEMETERY OR CREMATORY Port Hudson Luth. Cem.	
23d. LOCATION (City, town, or county) Port Hudson		23e. STATE Mo.	
24. FUNERAL DIRECTOR W.C. Fertig & Son		25. DATE RECD. BY LOCAL REG. 11/17/62	
26. REGISTRAR'S SIGNATURE Lula C. Hickmann		27. SIGNATURE Lula C. Hickmann	

USE BLACK INK

OR

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

[illegible]

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

NOV 29 1962

NOV 28 1962

Permit received 11/17/62
JPC/ST
by J. Cecil Alquist

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl C. Dittig

Licensed Embalmer No. 3385

P. O. Address New Haven Conn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.